

CMS Centers for Medicare and Medicaid Services

CLIA LABORATORY USER FEES

CLIA ID Number	Fees for Certificate of	Certificate Period
Payment Due Date	Total Payment Due	
CURRENT CHARGES		
<u>Bill Date</u>	<u>Description</u>	<u>Amount</u>

Our records indicate that your laboratory has requested a Certificate under the provisions of the Clinical Laboratory Improvement Amendments (CLIA) Program. The CLIA law promotes the quality and reliability of laboratory tests performed throughout the nation. The law also requires the Department of Health and Human Services (DHHS), Centers for Medicare & Medicaid Services (CMS) to assess fees to cover all costs of administering the program, including registering laboratories, issuing certificates and conducting onsite surveys.

	<p>If changes are required to your certificate, you may make them on the reverse side of this form and mail it to the state agency listed below.</p> <p>For more information about CLIA, visit our website at www.cms.hhs.gov/CLIA or contact the state agency with any questions.</p>
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State Agency Name and Phone Number to report changes: **DO NOT send the fee coupon or payment to the state agency.**

DO NOT SEND PAYMENT TO THE STATE AGENCY

Note: All fees must be paid in full prior to any CLIA inspection or issuance of any CLIA certificate. Advance billing allows time to schedule and perform an inspection, if applicable, and allows time to issue the appropriate certificate. When renewing a certificate, if full payment is not received prior to the begin date of the above certificate period, your current certificate will be terminated and you may not legally perform testing after this date.

Form CMS-35

----- TEAR HERE -----

CLIA LABORATORY PROGRAM
P. O. BOX 70948
CHARLOTTE, NC 28272-0948

Payment Due Date:

Total Payment Due:

Make check payable to: CLIA Laboratory Program

Do not send name or address changes with your remittance

Mail check to:

**CLIA LABORATORY PROGRAM
P.O. BOX 70948
CHARLOTTE, NC 28272-0948**

FOR CHANGES ONLY

CHANGES TO YOUR BILLING OR CERTIFICATE INFORMATION
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Name/Address/Director Change: Complete and mail to the State Agency listed on the front.

Do Not mail the fee coupon and check to the State Agency

CLIA ID Number _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Director _____

Mailing Address Change if Different from Above:

Street Address _____

City _____ State _____ Zip _____

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IMPORTANT INSTRUCTIONS

Make check payable to: CLIA Laboratory Program.

Write CLIA Identification Number on the check.

Include this coupon with your check.

For payment purposes our EIN number is 52-0883104.

Forward remittance in the enclosed envelope

**CLIA LABORATORY PROGRAM
P.O. BOX 70948
CHARLOTTE, NC 28272-0948**